UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09486 Reg. Dist. No. 357+

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mining Tourities archer	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 47
Ferrale Caloud married	20. DATE OF DEATH October 14 1947 21 8 7 P. N
Hunge W. Ceralin	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6,(b) Name of husband or wife	May 15 1847 to Olex +4 1847
6.(c) If alive, give ageyears	and that I last faw her alive on Oct 13 1947
7. Birth date of deceased (mo., day, yr.) Week 24 1888	
8. AGE: Years Months Days If less than one day	Immediate gause of death OURATION
o. 1102.	Occident 2 who
59 6 20hrsmin.	aceding 1
9. Birthplace Alachten Mil	Oue to. My perflusting Cardinalia
(Town, county, and state)	1 renal dueland 10 405.
10. Usual occupation	Que to.
11. Industry or business	000 (0.111111111111111111111111111111111
	Z/mip/inia 0/424/5 4 Urs
E 12. Name	Other conditions
A .	(Include pregnancy within 3 months of death)
14. Maiden name Mary arm Rowley 15. Birthplace Alochton Mul	Major fiodiogs of operations
15. Birthplace Afochtau Mul	major noclogs of operations
16. Informant David Tharmon	Actopsy resolts
Address N.J.	
0 0 - 0 -	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) (month) (day) (year)	Accident, sulcide, or homicide
1-1 (Aunt - un Countier	Where did injury occur?
Cemetery or crematory	
Location Doctood (VVV	Injured at home, farm, Industry, public place (where?)
18. Funeral director Service Bennett	Means of injury Injured at work?
ib. runeral ulrecture.	1 A A A Mar NAD
Address supplied ma	23. SIGNATURE JOSE L. Ja Mar. 104.
and 17 way ke layly	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Saullel Oato signed 15: 4-7

OCT 22 1947

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

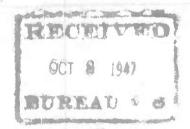
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09487

CERTIFICATE OF DEATH

Dist No 35/

	Neg. Dist. 100
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn in anta give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Assx 5. Color by Face 1 6.(4) Angle, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
timale White Widowed	20. DATE OF DEATH. OLS. 3 19.47 at 10.49.
6.(6) Name of husband or wite for the Reduction of the Research of the Researc	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Singae (Town, county, and state)	Due to.
10. Usual occupation	Oue to
11. Industry or business 12. Name Medeuck Hampless 13. Birthplace New Lusey	Other conditions
14. Maiden name Actherie 2016	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant. May	Autopsy results
Address Sudlike My 17	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Munghfeld m	Where did injury occur?
Location	
18. Funeral director	Msans of Injury Injured all work?
19. Of 4/ 19. LE Pay Switch. (Date ree'd by rygistrar) Registrar	23. SIGMATURE M. D. or other Address Date signed 33 47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09488

CERTIFICATE OF DEATH

P. Dist. No. 35/

1. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city of own timits, write RURAL and give nearest town)	State Mas County Washing County Clity or town And State Mal
How long in above place of death. Deleter flow of the thoughted institution, or street address where death occurred:	(If outside city of town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Mare.	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	ALEDICAL CODE LICATION
1, 362	MEDICAL CERTIFICATION
Semale a.a. Single	20. DATE OF DEATH. 310cf 19×2 14 Q. M
I down the state of the state o	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
G(b) Name of husband or wife.	Sept 19. 16 10 31 Oct 19. 17
6.(c) If alive, give ageyears	and that I last saw h. alive on 3.6.0 — 19.14.2.
7. Birth date of deceased (mo., day, yr.) Sefut 19 1929	44
	Immediate cause of death OURATION
o. Adz.	enature hurs can ditte c
18 1 1 Smin.	cardear dilitation
Buli and	Place Force
9. Birthplace [[Crown, county, and state]	
	fancastite.
10. Usual occupation. Black al	Due to
11. Industry or business	
12 Name Lash Garly	Other conditions
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Alexalla a la frustell	
14. Maiden name. Levelha la faistile 15 Birtholace Levelhal Chaille Ir a	Major fiedings of operations.
E 15. Birthplace Lesyfregen Claude to a	Date of op.
16 Intervant & oneship leasely	Antopsy results
(1) hullion mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mountall ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?) Bale thereot Off 3- 54]. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery of crematory & levellals	Where did injury occur?
11.80	Injured at home, farm, Industry, public place (where?)
Location & MANN FILL STATE	
18. Funeral director And Alas Sold Control of the Second Control o	Msans of Injury Injured at work?
Address Dalishing and	Heaving le Sallender
HOUSE TOR TOR TOR	23. SIGNATURE PERSONAL PROPERTY
10 11/21 104/ RELEY Sunth	P. A. P. A. M. D. or other
19. (Date rec'd by registrar) Registrar	Address 5 Bay Bluer, Belle Date signed 3/04 x)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

St., Baltimore 94

CERTIFICATE OF DEATH

eg. Diat. No. 355

1. PLACE OF DEATH: Worcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Wordester City or town Whaleyville (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME PETER WILLIAM DALE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE DE DEATH 15 6 C/ 1949 at 6 32
Elizabeth Dale 6.(b) Name of husband or wife 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4.5 J. Prop. Whaleyville (Town, county, and state) 10. Usual occupation. Filling. Station Prop. 11. Industry or business Milton M. Dale 12. Name. Milton M. Dale 13. Birthplace Maryland 14. Maiden name. Elizabeth Powell 15. Birthplace Md.	21. I CERTIFY that death occurred on the date above stated; that I altended doceased from 18
Mrs. Annie Taylor Whaleyville, Md. Burial (Burial, cremstion, or removal, Which?) Burial Bate thereof. Oct. 17, 1947 (month) (day) (year)	Actopsy resolts PHYSICIAN: Please coderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. Whaleyville Location 1B. Funeral director Alexandre	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 13. SIGNATURE. M. D. or other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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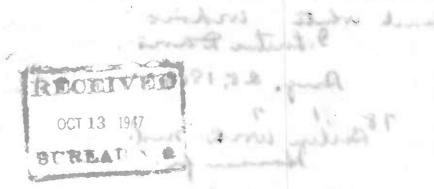
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09490 Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother)
County Waces Us	State ond County Winds W
City or town	9 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
House Marian Lava	A
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
June white widow	20. DATE OF DEATH 50 C5 19. Y.77 21. 5 36 P. 1
6.(b) Name of husband or wite) Littur Dzwis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Y. Birth date of	27 July 19.10 500 19.00
Y. Birth date of 25 1869	and that I last saw h
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate crose of death. Ohnonic elegeration DURATION
o. Aug.	my oxanti i adijertar
78 hrsmin.	andie Megentennen
9. Birthplace Belling County, and state)	Oue to Brenchial Centress, obsety
War	+ ach percelessin -
10. Usual occupation.	Due to
11. Industry or business	
E 12 Name Walson F 1 250	Other conditions Senseity
12. Name	
M DI TT	(Include pregnancy within 3 months of death)
王 14. Maiden name	Major fiedings of operations
15. Birthplace M.	Date of op.
mus whole Bullion.	Actopsy resolts.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Min cells Yug	22. VtOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory	Where did injury occur?
Centerery of Crematory.	
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Bul - Day	1 1/2 Allen 2 14
11 6 41	1. SIGNATURE Hermand Kalhres n. M. D. or other
10 10 -8 - 1941 Heren J. Hayura	Address 5 See So Broken Just Date signed 7 Oct 4)
(Date see a na tekistrat)	11 AUDICES THE STREET OF T



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9.45.15M	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME William Edwin Ha	3. (b) Social Security Number
Male White Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 19 47 at 6840 P.
6.(b) Name of husband or wife Maude Hastings	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hale alive on 1 Oct 1847
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 54 8hrsmin.	Immediate cause of death DURATION Cerrendones (House, 2425. (Lanche garies)
9. Birthplace Beylin K.F.D. Wor. (Town, county, and atate)	Due to
10. Usual occupation tisherman 11. Industry or business Ocean Net Fishing	Due 10.
12. Name Henry Hastings 13. Birthplace Berlin R.F.D. Md.	Other conditions
14. Malden name Minnie O. Smith 15. Birthplace Berlin, Ma.	(Include pregnancy within 8 months of death) Major findioss of operations.
\$ 15. Birthplace Derlin,	
16. Informant Maude Hastings	Aulopsy results
Address Cean City Plan. 17. Buriel remation or removal. Which? (Burial remation or removal. Which?) (month) (ddy) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Evergreen Cemetery	Where did Injury occur?(City or town) (County) (State)
Location Berlin Ma.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. A. Brus Bayes.	Means of tnjury
Address Belgin mal	23/ SIGNATURE Machanael J. Thomas
19. 10- 6- 47 Helen J- Haywa	Address Ocean 04 778 Bate signed 4 Och 47

Worcester Amybra Hercester Coon City Philadelphia Ave and style The badelplace the and 5th St. William Edwin Hastings Male White Married Mouste Hastings Sec. 2, 1875 Borlin R.E.D. Hot. Pold Evergisen Comotory Berlin, Mi Burlen man

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(19492 Reg. Diat. No. 350

CERTIFICATE OF DEATH

1. PLACE OF D	Worce	ster		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County PC			R.F.D. 1 RURAL and give nearest town)	State Maryland County Worcester	
(I	f outside city or town	limits, write	RURAL and give nearest town)		
			***************************************	City or town Pocomoke City R. F. D. 1	n)
Hospital, Institution,	or street address where	death occurre	ed:	Street No.	
		• • • • • • • • • • • • • • • • • • • •		(If rurai, give LOCATION)	
	or institution?	****************	***************************************	2.(a) tf veteran, name war	
3. (a) FULL NA	ME			3. (b) Social Security Number	
		Webs	ster R. Hayward		
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored		Single		77
21200220	10020204		2 8 0	20. DATE OF DEATH October 5. 1947 at 7	
6.(b) Name of husbar	nd or wife	*******************) + 0 + 10 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	21. I CERTIFY that death occurred on the date above stated; that bettended deceased from	
		B.	(c) If alive, give agevears	19/19/10	194
7. Birth date of				and that I last saw have alive on Signature	19/1/10/10
8. AGE: Yes	ars Months	Days	i If less than one day	Immediate cause of death	RATION
01 11021				Hobers Melden ?	
38	7	7	hrs min.		
9. Birthplace Man	rion Sta,	Some	rset, Md,	Que to	
			state)		g
10. Usual occupation	Farm L	TDOL	***************************************	Due to	,
11. Industry or busin	ess				
到 12 Name He	enry Haywa	ard		01	
	Somerset		Md.	Other conditions	
	L . Mil	08		(Include pregnancy within 3 months of death)	
E 14. Maiden name	e III e MELL	- D		Major findings of operations.	
2 15. Birthplace	L . Mil Somerset	Co, I	Md.,	Bale of on.	100000000000000000000000000000000000000
18 Informant JU	ılian Ha	yward		Antopsy results.	3000000000000000
			R. F. D. 1	PHYSICIAN: Please anderline the cause to which death should be charged statistical	у.
	-		B 0 40 44 W	22. VfOLENCE: If death was due to external causes, fill in the following;	
11 Buris	R. I. On, or removal. Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
(Buriar, Crematic	m, or removal. Walder	Ke- 1	(month) (day) (year)		
Cemetery or crema	1-20	100		Where did injury occur?	*****************
Location Zer	over me	C. Son	nerset bui	tnjured at home, farm, industry, public place (where?)	
18. Funeral director	Howan	da	Hill	Means of Injury Injured at work?	
			nriond	1 Bitalla.	
Address FOCO	omoke Cit	y, Ma.	L'ATRITO	29. SIGNATURE	1,0
19 Oct.	8 1947	a	nie 6. Miete	M. D. or othor	de
(Date rec'd by r	registrar)	An in the	Registrar	Address Date signed Date	-47

OCT 10 1947
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2411 N. Charles St., Baltimore

09493

CERTIFICATE OF DEATH

Per. Diat. No. 35"4

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: Maggister	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Slate Mongland, County Manual City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No
How long in hospital or institution?	2.(a) tt veleran, name war
3. (a) FULL NAME Loved N. Johnson	3. (b) Social Security Number
4. Sex 5. Color or rape 6.(a) Single, maryley, widowed, or divorced male market market.	MEDICAL CERTIFICATION 2D. DATE OF DEATH OCT 19. 47. at 950 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Quq. 6, 1893	and that I last saw home alive on 19.7. Immediate cause of death Olycle Pulmanay DURATION
8. AGE: Years Months Days It less than one day	- Clemb
9. Birthplace (Town, county, and atate)	Due to type flusing Cardio vascular 5 405
10. Usual occupation	Due to
H 12. Name home who have the season with a s	Bither conditions traffed hemiplegia Troks
14. Malden name to ligabith Savage 15. Birthplace , Mil	Major findings of operations
15. Birthplace / MA	
Address Stuckton Mil.	Antopsy results
17. Burial, cremation, or removal. Which?) Date thereof. Quid. 9/1947 (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Mas M. Jashy Watson	Meens of injury tojured at work?
Address Albertale, Rul.	23. SIGNATURE) Lest / Talkar Mel
19. Oal & Styl Mary M. Taylor (Date rec'd by registrar) Registra	Address Snow Mill Bate signed 10.7-49

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	City or town	
3. (a) FULL NAME	3. (b) Social Security	Number
John Elmer Jones.	all at good ways	
4. Sed 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
moder while married	20. DATE OF DEATH. 0 CT 23 19.47	1 12:30 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decer	/ %
7. Birth date of	and that I last saw h Min alive on Oct 23	
deceased (mo., day, yr.)	Immediate cause of death C. N. M. Lery Occhesion	DURATION
8. AGE: Years Modules Days It less than one day 2 4hrs. min.		2 whs
Da india vad	Due to atteny Telen sois	245t
(Town, county, and atate)		1
1D. Usual occupation.	Due to	
11, Industry or business		
12. Name Carjuda Standard Stan	Dther conditions	***************************************
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name Marth Archive June 15. Birthplace	Major findings of operations	
22 0 890		
16. Informant 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Autopsy results	statistically.
Address De Vicha in In In I was	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
17	Accident, sulcide, or homicide Date of	
Cemetery or crematory.	Where did injury occur?	(State)
Location Gladin Dr. A.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Avis A Bashaga	Means of Injury Injured at work?	
Address Serles Vand	Vacharent Shores	a .
	23. SIGNATURE M. D.	or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Celcers Cety 170 Bate signed.	2004/



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town (If outside city or town limits, write RURAL and give nearest town)	79 04 1100
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Surgle.	MEDICAL CERTIFICATION 20. DATE OF DEATH. (1947, 21 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Aug 30, 1877	and that I last saw h alive on Oat 15 19 Au
8. AGE: Years Months Days If less than one day	Chronic Out republis
9. Birthplace (Town, county, and state)	Due 10. My perfero con
10. Usual occupation do use wife	Due 1o.
11. Industry or business	
12. Name literaturalista de la contraction de la	Dther conditions
14. Malden name Jarly A. Jatglinson 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
El 15. Birthplace	Date of op.
16. Informant Date College Col	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or brematory	Where did Injury occur? (City or town) (County) (State)
Location Berlin mid	Injured at home, farm, industry, public place (where?)
18. Funeral director Dun A. Buchay	Means of Injury tnjured at work?
Address Belie V-4	Of Hord & still
18. 10- 20 1847 Telen F. Haye	23. SIGNTURE M. D. or other M. D. or other Date signed 10 - 2.0 - 47



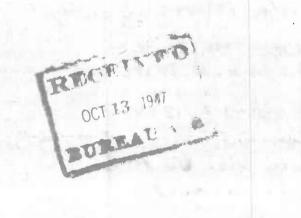
2411 N. Charles St., Baltimore

09496

CERTIFICATE OF DEATH

/	CERTIFICATE OF DEATH	Reg. Diat. No. 350
1. PLACE OF DEATH: Orcester	2. USUAL RESIDENCE (For newborn infants give	HOME) OF DECEASED:
Cily or town limits, write RURAL a		terles
How long in above place of death?	City or town	y or town limits, write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	(If rural, give LOCATION)
3. (a) FULL NAME Martha Jan	e m = multis	3. (b) Social Security Number
4. Sez S/Color or race 6.(a)Single, married	, widowed, or divorced ME	DICAL CERTIFICATION
Hemale White man	seed 20. DATE DE DEATH	Detaler 11 1847 . 605:1
6.(b) Name of husband or wife I hammas &	hak faritime for father the training	d on the date above stated; that I attended deceased from
7. Sirth date of	give age J years and that I lest saw h	and Clast 11 th 18/9
deceased (mo., day, yr.)		bagl meures DURATION
5. AGE: 26/10	s than one day with Crane hrs. min. Professer	I returned Skull Sosta
9. 8irthplace solo all of the County, and county	and Va Due to Justs	- Collein
10. Usual occupation	Due to	
11. thdustry or business 12. Name 13. 8irthplace	Diher conditions	
	(Include pregr	nancy within 8 months of death)
HOW 14. Maiden name. Maggid St. 11. Birthplace Dirgin	Major fiediags ol operations	
16. Informant Annual State Market State St	Emelle Antoney results	the cause to which death should be charged statistically.
Address Mangolean	2111. 10	ue to offernal causes, fill in the following;
(Burial, cremation, or removal, Which?)	(month) (day) (year) Accident, suicide, of homicide,	Bearing West)
Cemetery or crematory. Blue grass	Where did Injury Countries Injured at home, farm, Injured	(City or town) (Lany) (Ste)
Location IA may 15/1	Means of Injury Assay	injured at work? Mo
Address Pacoalthe	md114	Jastarius Mass
10 Oct. 12 10 47 ann	e E, White 23. SIGNATUR)	M. D. of other
(Date rec'd by registrar)	Registrar Address	Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

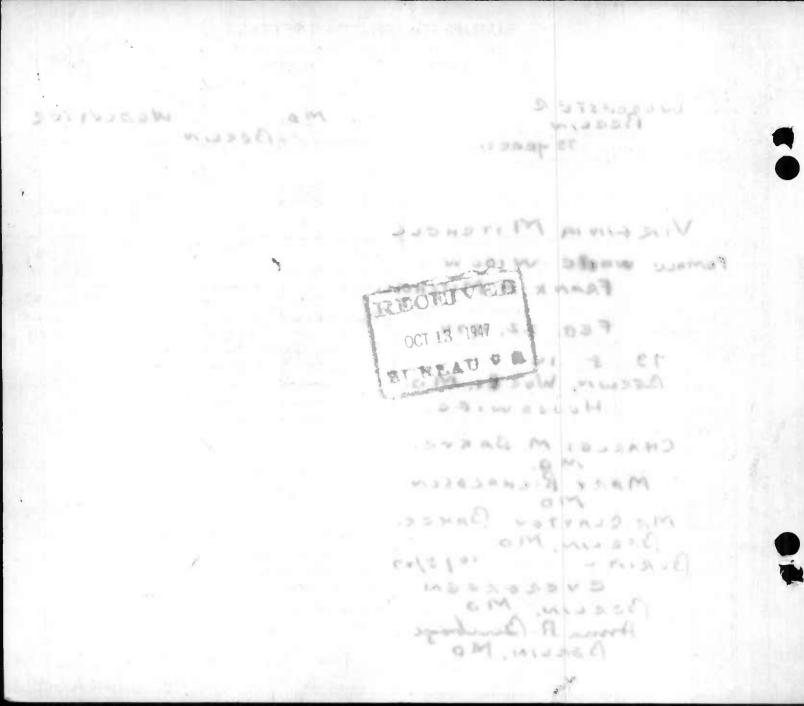
2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

09497 Reg. Dist. No.355

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
VIRGINIA MITCHELL 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE WHIFE WIDG VV	Oct. 6 MEDICAL CERTIFICATION
TENTALE WHITE STIES W	20. DATE DF DEATH 606.
6.(b) Name of husband or wife FRANK A. MITCHELL 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19. Y. 7., 10. 6. 0. 5. 19. Y. 7. and that I last saw ht. & & alive on 6. 0. 5. 18. V. 7.
deceased (mo., day, yr.) FEB. 22, 187 4 8. AGE: Years Months Days If less than one day 173 8 14 hrs. min.	Immediats cause of death Chronic Deganation DURATION Duration Carteria - DURATION
9. Sirthplace	Bue to athe as Celeson
10. Usual occupation	Due to
12. Name CHARLES M BAKER	Dther conditions
E 14. Maiden name MARY RICHALDSON	(Include pregnancy within 3 months of death) Major findings of operations.
16. Interment MIR. CLAYTON (3AKER.	Antopsy results
Address 350 L/N N1D. 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. EYERERENI Location BERLIN, MID.	Where did injury occur?
18. Funeral director Ama A. Bulbage	Msans of Injury Injured at work?
19. 10-8 1947 Helan & Hayur	23. SGNATURE Hedmank Rablins hy al 1700 M. D. or other 1800 J. Senley M. D. or other



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09498

CERTIFICATE OF DEATH

Day No. 351

1. PLACE OF DEATH: VALUE OF THE STATE OF THE	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(Former born infants give residence of mother Come
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
How tong in above place #1 death?	(If outside city or town limits, write RURAL and give nearegt town)
Hospital institution, of street, didress where death occurred.	Street No. 551, S. Dyrobian st
Marrie M. Eff.	(If rural, give LOCATION)
How iong In hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME O	3. (b) Social Security Number
7 - 0	ld Parsone
4. Sex 5. Opior or race 6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION
Male White Manner	2D. DATE DE DEATH. CLCS 10 19 4-7, at M
Dinilla Parsone	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Oct 10 1847 10 Oct 10 1847
7. Birth date of	and that I tast saw planalive on Och 10 1947
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	aute Pulmonay Edema 1th.
19 10 26mi	n.
80. Salistury Md	July Melynn Semilet + 2 3/5.
9. Birthplace	Ofrani Contra Vailere
1D. Usual occupation / aug	Due to
11. Industry papusiness A Flarmer	Malignant Melayona of Yol 5 yrs
	Other conditions with metasticles
12. Name Pluca 3: Parisme 13. Birlybiace P.O. Salismy Md.	
The state of the s	(Include pregnancy within 3 months of death)
14. Malden name May E. Bullshigham 15. Birthplace P.D. Salutur Ma	Major findings of operations And Andreas
E 15. Birthplace N. Saluting	Melaure left pas Date of op.
18. Interment Bealite adjess	Autopsy results
admarket it Cel sum They is	HYSICIAN: Please underline the cause to which death should be charged statistically.
Busiel 1 Oct. 13-19	VIOLENCE: If death was due to external causes, filt in the following:
(Burial, cremation, or remogal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Gemetery Persons Cerneting	Where did injury occur?
Salisting maryland	Injured at home, farm, Industry, public place (where?)
Tolleng Jole Walt 12 7 de	tnjured at work?
18 Fuheral director	1 1 1 1 1 Ph 10
Salithy maryland,	23. SIGNATURE / Land Land Man Man
10/128/47 RELANDER	M. D. or other
19	Address Date signed 0.10-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09499

CERTIFICATE OF DEATH

1 DIAGE OF DEATH	a licital propency (TIONAYE) OF Property	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
2 0	State md County WT261	_
(If outside city or town limits, write RURAL and give nearest town)	Bial	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest to	own)
Hospilal, institution, or street address where death/occurred:	Street No.	
	(If rurnl, give LOCATION)	
How long in hospital or institution?	2.(a) It veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	er
KENDALL THEODURG IAV	LOR,	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MIALE WHITE MARRIED	20. DATE OF DEATH 24 04 19 92, 21 4	7 45 P.
6.(b) Name of husband or wife my Reserved Jaylon	21. I CERTIFY that death occurred on the the above stated; that I attended deceased tro	om
1	15 Znan 19 4) 10 24 Oc	19 1/
7. Birth date of	and that I last saw h. Associative on 24 04 92	t9
deceased (mo., day, yr.) July 8, 18 78.	Immediate cause at death	OURATION
8. AGE: Years Months Days If less than one day	· let esterne appropriation	
109 8 16 mm. m	n.	7
9. Birthplace (Town, county, and atate)	Oue to Plantonial Cascinomatoris	more
10. Usual occupation.	Due to. Carcuma Traumere	
t1. Industry or business	- Culon:	
E 12. Name Judishalace Judishalace	Other conditions	
\(\frac{1}{2}\) 13. Birthplace	The state of the s	
	(Include pregnancy within 3 months of death)	
14. Maiden name Condelies Harry 15. Birthplace	Major findings of operations. Chambers of John	
E 15. Birthplace	alon Olatruction Date of op my	547
to Informant Yrus K. J. Jank	Antapsy results	
0 1 - 10 10 217.	PHYSICIAN: Please underline the cause tu which death should be charged statistic	cally.
Address Section 12 A Red A	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
(Bprint, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide	
21511	Where did Injury occur?	
Cemetery or crematory	(City or town) (County) (Stat	te)
Location Descharation VVI	Injured at home, tarm, industry, public place (where?)	
A Rocker	Msans of injury Injured at work?	
t8. Funeral director		0
Address Line	- 23. SIGNATURE. Human a Ribbur ks	
10.26 HM THOUGH F. NOW	M. D. or othe	er
(Date rec'd by registrar)	ar Address Benling Med Date signed 25	day

OCT 29 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTITICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	2.(a) It reterms, made was
3. (a) FULL NAME Other Adelia Jahrnes 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Levale white married.	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 1947, 21.5
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw how the on
390 4 hrs. min. 9. Birthplace (Town, eounty, and state)	Cut Juguefor of the homenhage broken
1D. Usual occupation	Oue to
11. industry or business 12. Name Educate Refuse Language State S	Dther conditions
t4. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mass. 2000 Silvers College State S	Autopsy results
(Burial cremation, or removal, Which?) Cemetery or crematory. Date thereof	Where did injury occur? (City or town)
18. Funeral director. De Bullage	Injured at home, farm, Industry, public place (where?) Means of Injury M
19. LO - 6 _ 18 + 7 Stelen F - Haywa Rejistrar	23) STORATUPE AND M. D. g. o'gher / 47 Address James J. G. L. M. Date signed / 3/47

Worker RID ryd. Horamica PERMIT C.TV Delan Adelin Terrery Thunk white married. Showard turner 3001,05 April The party of the town day I RECEIVED OCT 7 1947 BUREAU 9 & Toler Solver 10/0/47 intimo he was the firmer of the · many Suite Product Al Sartone Mil Tramor City Met 10/2/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09501351 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Warces tele	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mary County Worker from
(If outside city or town limits, write RUKAL and give nearest town)	City or town Sucre Hall Ocural:
How long in above place of death? 30 4 E and	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How Jong In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Houghas 40	ung
4. Sex 5. Color or race 6.(u)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The Carried Developer	DAV-ly 10 112 1111-P
make whomas whowere	20. DATE OF DEATH. CCCCOCK D. 19. 4. 4. 4. M.
6.(b) Name of husband or wife Ellen Young	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept 1 1947 to Det 18 1947
7. Birth date of	and that I last saw h Man alive on Oct 16 19 447
deceased (mo., day, yr.) Tovenween / 86.7	
8. AGE: Months Days If less than one day	His and the second of
. 80	My Dea Terrandon I hay The block of his there
unknownhrsmln.	
9. Birthplace accom ac Co., Varginia	Due to.
(Town, county, and state)	
10. Usual occupation setting farm 67	Due to
11. Industry or business	V4C (V
A	
12. Name untenowy 13. Birthplace sentenowy	Other conditions
13. Birthplace Lengtenour	(Include pregnancy within 8 months of death)
14. Maiden name Latah Tanlor	
	Major findings of operations.
2 15. Birthplace unknown	Date of op.
16. informant Mrs. Ellen Cernstrong	Autopsy results
Address Snowhill Mrd. R. F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audiess A C A + en Gun	22. VIOLENCE: If death was due to external causes, fill in the following;
17 (Burlal, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burga, cremation, or removal which) (month) (day) (year)	
Cemetery or crematory. Bayade	Where did injury occur?
Location Mr. Orancock, Pizzume	Injured et home, farm, Industry, public place (where?)
18. Funeral director 1. Edgar Thomas	Means of Injury Injured at work?
Of A Dr.	1) (1 5.0
Address / Mccomac, Vycima	23. SIGHATURE / O Token M. R
10/21/ 47 Feb Routh	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 10/12/4"

